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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/619,755	07/15/2003	Jean Loup Romet-Lemonne	MXI-024CPDVCN2

00959  
LAHIVE & COCKFIELD  
28 STATE STREET  
BOSTON, MA 02109

CONFIRMATION NO. 7391  
FORMALITIES LETTER  
  
\*OC000000010813142\*

Date Mailed: 09/04/2003

### NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

#### Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 750 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

#### Items Required To Avoid Processing Delays:

The item(s) indicated below are also required and should be submitted with any reply to this notice to avoid further processing delays.

- Additional claim fees of **\$612** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

#### SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$1492** for a Large Entity

- **\$750** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is **\$612**

- **\$360** for **20** total claims over **20** .
- **\$252** for **3** independent claims over **3** .

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*A copy of this notice **MUST** be returned with the reply.*



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